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ABSTRACT

This document describes and examines effective policies that companies have adopted in developing Employee Assistance Programs (EAPs) to address personal problems of employees, with a specific focus on substance abuse. Chapter 1 introduces the topic, states the problem, indicates the purpose of the study, denotes the limitations, defines important terms, and describes the procedures used to gather data from a search of the literature in the Educational Resources Information Center (ERIC) and ALICE systems in the Alden Library at Ohio University. Chapter 2 contains a review of the literature, categorized under the following topics: (1) costs and prevalence of substance abuse in the workplace; (2) the history and evolution of present day EAPs; (3) the policies and procedures that various companies implement in designing an EAP; (4) the treatment strategies used by EAPs; and (5) the criteria and methods used in evaluating EAPs, and how this evaluation relates to their success. Chapter 3 briefly summarizes the literature on EAPs; discusses the research questions, based on the literature review; notes the limitations of the study; and provides a conclusion and offers recommendations for further research. Twenty-two references are included. (TE)

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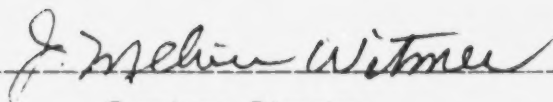
Strategies and Policies in
Employee Assistance Programs

A Seminar Paper Presented to the
Faculty of the College of Education

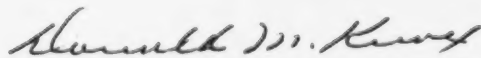
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This seminar paper has been approved
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CHAPTER I

Introduction

Introduction/Background

Employee Assistance Programs or EAP's are a work-site approach in dealing with employee problems. These problems may range in scope to include substance abuse, eating disorders, financial difficulties, gambling habits, and a broad array of mental health problems. The EAP uses various methods of counseling, referring, and treatment to aid individuals in treating their problems.

The concept of EAP's first developed from the use of Occupational Alcoholism Program's or OAP's. These programs began in the 1940's for the purpose of dealing with alcoholism in the workplace. Many people, however, avoided making full use of these programs because of the stigma that was placed on being labeled an alcoholic. In 1962, companies began looking at a larger program to deal with a broader range of employee problems. The new concept was coined as the "broad brush" approach which led to the development of the EAP programs.

Companies found that employees' personal problems interfered with work performance, increased accident rates and absenteeism, and a variety of other cost problems for the company. Many companies found that implementing EAP programs was more cost effective than firing the problem employee. It cost a company more money to fire and retrain a new employee than to refer a problem employee to an EAP program for counseling services.

Statement of the Problem

The problem of this study is to examine how EAP's deal with the various problems that affect the performance of employees in the workplace. Specific focus will be given to substance abuse throughout this paper. This study will describe effective policies that companies have adopted in dealing with personal problems of employees at the EAP level.

Research Questions

Research questions selected for analysis are as follows:

1. Why is it important to treat personal problems of employees within the workplace and why is treating substance abuse such an important factor?
2. What are Employee Assistance Programs?
3. What are some current policies that companies are incorporating to get employees to use the EAP programs?
4. What kinds of treatment plans are EAP's using in the treatment of personal problems within the EAP programs?
5. How effective are EAP's in dealing with employee problems in the workplace?

Purpose of the Study

The purpose of this study is to examine information that looks at the effectiveness of EAP programs and to examine how companies determine this success. Through looking at effective policies that have been adopted by various companies, one can implement these findings into developing an effective EAP program.

Delimitations

Although this study is focusing on substance abuse, the effectiveness of the EAP programs will be stated in general terms. The reason for this is that very few studies have been done on the effectiveness of EAP programs. Even fewer studies have isolated the effectiveness of EAP programs in dealing with substance abuse within the workplace. Due to the lack of studies on EAP effectiveness, this study will include statistics for specific corporations. These statistics will help determine the effectiveness of the EAP program for that particular corporation.

Definition of Terms

EAP's: Employee Assistance Programs are defined as job-based programs that operate within the workplace for the purpose of identifying "troubled employees," motivating them to resolve their troubles, and providing access to counseling or treatment for those employees who need these services (Sonnenstuhl & Trice, 1986).

OAP's: Occupational Alcohol Programs are programs that were aimed at identifying employees with alcohol related problems. Supervisors were trained to refer problem employees on the basis of alcohol symptoms.

Broad Brush Approach: An EAP approach that recognizes that employees can have a wide range of problems. These problems range in focus from substance abuse, eating disorders, financial difficulties, gambling habits, to a broad array of mental health problems.

External EAP programs: Those EAP programs that are contracted to outside agencies rather than being administered within the walls of the company.

Internal EAP programs: Those EAP programs that are handled within the walls of the company.

Procedure

A literature search in Alden library at Ohio University was where this researcher found most of the materials that were used in this study. A search through Psych-Lit using the headings of "Employee-Assistance-Programs" and "substance-abuse" produced a variety of articles that proved to be valuable to this researcher. A search through ERIC using the same headings as Psych-Lit brought about another set of articles. Looking under ALICE at the heading of "Employee Assistance Programs," allowed the researcher to complete a thorough search on the topic.

Organization of the Study

This paper is organized into three chapters. Chapter One introduces the topic, states the problem, indicates the purpose of the study, denotes the delimitations, defines important terms, and describes the procedure used to gather data. Chapter Two contains a review of the literature. This is done by subcategorizing the chapter into five areas. The first subheading deals with the costs and prevalence of substance abuse within the workplace. The second area summarizes the history and evolution of the present day EAP program. The third area reviews the policies and procedures that various companies may implement when designing an EAP program.

The fourth area of the chapter notes the treatment strategies that EAP companies use. The last section of the chapter deals with how EAP's are evaluated and how this evaluation relates to the success of EAP programs. Chapter Three contains five subheadings. The first subheading contains a short summary of the literature. The second area that is covered deals with a discussion of the research questions. This is done by restating the research question and then answering that question by integrating the literature that was reported in Chapter Two. The third area of the chapter covers the limitations of the study. The fourth area of the chapter contains a conclusion. This conclusion ties together the literature of the study and how it impacts the purpose of the study. The final area of the chapter contains recommendations for further research.

CHAPTER II

Review of the Literature and Related Research

Costs and Prevalence

Substance abuse is one of America's largest public health problems with alcohol being the largest abused substance. Alcohol is one of the most widely used drugs in this country with about 100 million adults using it on a regular basis (Walsh & Yohay, 1987). About 10 million people in the United States fit the clinical definition of alcoholism (Axel, 1986). According to research conducted by the Department of Health and Human Services as reported by Walsh and Kellener (1987), it has been estimated that the figures for alcoholism reach as many as 14.7 million Americans. Substance abuse is a social disease in which not only the user is affected, but the people around the user are also affected by the behavior of the substance abuser. Family members, co-workers, and supervisors can all experience the negative effects of a substance abuser around them.

It was estimated that 7 to 8% of the working force in the United States abuse alcohol and another 2 to 3% of the employees are adversely affected by marijuana, amphetamines, and cocaine (Walsh & Kellener, 1987). In a research study conducted by the American Management Association and Arizona State University as reported by Walsh and Yohay (1987), it was found that 1 in 10 blue and white collar workers use illegal drugs in the workplace. In another study conducted by the Cocaine National Help Line in New Jersey as reported by Walsh and Yohay (1987), it was found that 75%

of the 277 drug users that were used in the study admitted to using illegal drugs on the job; 64% of the respondents reported that the drugs interfered with their work performance; 44% stated that they sold drugs to other employees; 18% admitted to having had a drug related accident; and 18% admitted that they had stolen from their employers to support their drug habits.

Mental health specialists estimate that 12 to 15 percent of all employees suffer from personal problems that directly affect their abilities in relation to their job performance (Wrich, 1986). At least half of these problems involve substance abuse (Wrich, 1986). With the relatively high prevalence of substance abuse in the workplace, one can see that a company may have great costs due to substance abuse problems.

Substance abuse has the effect of impairing personal performance, group morale, and has a destructive social impact. The alcoholic not only affects his or her own performance, but he or she will have an affect on the performance of other employees. An addicted employee, it has been shown, has higher absenteeism and tardiness rates that cause a decrease in productivity. The addicted employee will have an adverse impact on fellow workers which will create complimentary factors of production decreases. Addicted employees will also create expenses for the company in the misused or damaged equipment that they may have caused and an expense is created when individual employees withdraw from the labor force. A comment in a study by Observer and Maxwell (1959) illustrates the relevance of an investment view in the context of alcohol abuse:

"It has been hypothesized that industry's greatest loss from problem drinking may well be the failure of certain promising young men, men with 10 years or more in the company who were expected to show great talent and to assume high responsibility as they moved into their forties, but who fell (no longer 'accountably') by the wayside" (Berry & Boland, 1977, p. 33).

A government sponsored study by the Research Triangle Institute as reported by Scanlon (1986) indicates that "the cost to the economy for drug abuse alone is nearly \$26 billion annually. More than \$16 billion of this cost is attributive to lost productivity, absenteeism, medical expenses, disability claims, and theft-corporate expenses that are ultimately passed on to the consumer through taxes and higher prices" (p. 1). Substance abusers have absenteeism rates that are 2 1/2 times greater than their nonaddicted counterparts, they are away from their jobs 16 times more often, they consume 3 times the amount of the medical benefits, they are 5 times more likely to file worker's compensation forms, and they are 7 times more likely to be subject to the garnishment process (Wrich, 1986). Costs to a company due to substance abuse can appear in a variety of contexts. These include manifest direct costs, latent direct costs, manifest indirect costs, and latent indirect costs.

Manifest direct costs are the costs that are associated with the overt treatment of substance abuse. This treatment could include psychiatric care as well as detoxification programs. National expenditures for mental health services account for nearly

15% of the total health-care expenditures (Walsh & Kellener, 1986). A company in Massachusetts found that 28% of all claims paid were for drug and alcohol problems and mental disorders (Walsh & Kellener, 1986). Latent direct costs are those costs that deal with the physical illnesses that are less likely to be associated with the substance abuse problem. Such illnesses may include liver damage, birth defects, heart attacks, tuberculosis, etc. Manifest indirect costs include those costs that deal with absenteeism, productivity losses, turnover rates, waste, and accidents. The indirect costs associated with 44,000 problem drinkers in seven of the largest United States railroad companies amounted to at least \$29 million, and possibly as much as \$106 million (Walsh & Kellener, 1986). Latent indirect costs include the costs that damage the public relations and morale. These costs also affect the employer's potential legal liability for substance abuse caused by job-related stress.

From these findings, one can see the great need for companies to take some sort of action to treat substance abuse in the workplace. It has been found that it is more cost efficient to treat current substance abusers in the company than it is to replace these problem employees. If a company would terminate an employee, the costs to hire and retrain a new employee would far outweigh the costs to counsel and treat the substance abuser. It is for this reason that companies have begun using Employee Assistance Programs or EAP's.

History

The general aim of today's EAP programs can be traced to the mid-1930's when Alcoholics Anonymous had its first meager beginnings, and later when the National Council on Alcoholism had its impacts (Good, 1986). EAP programs first made their appearance in the industrial scene as Occupational Alcoholism Programs or OAP's. Reports by Trice & Schonbrunn (1981 cited in Scanlon, 1986) named E.I. DuPont de Nemours and Company and the Eastman Kodak Corporation on the East Coast, and the North American Aviation on the West Coast as having the basic elements of an OAP program at that time. These programs began in the 1940's for the purpose of dealing with alcoholism within the workplace (Scanlon, 1986). Problem employees at this time were identified by supervisors on the basis of outward appearances. Supervisors were trained to look for bloodshot eyes, slurred speech, and the smell of alcohol on the breath when referring problem employees to the OAP program. The concept of the OAP program failed in the referral process due to the fact that alcoholics have a large capacity for denial and deception. By the time addicted people were confronted, they had often spent years developing their alibi systems and their unique capacity to manipulate (Wrich, 1988). This approach of referral also missed many people who were alcoholics, but did not show many outward signs of alcoholism.

The change in concept from helping employees with drinking problems to helping employees with any personal problems picked up momentum in 1965 when a study by the National Council on

Alcoholism indicated that programs should focus on job performance rather than on alcoholism symptoms for the purpose of early identification of alcohol abuse (Scanlon, 1986). By changing the OAP program to Employee Assistance Programs or EAP's and broadening it to encompass employees with a wide range of behavioral-emotional problems, the program was able to help the organization with many more substance abusers (Delaney, 1987). A shift in identifying problem employees by a decrease in job performance allowed a greater number of substance abusers to be identified and referred for treatment. Supervisors were now trained to refer a problem employee to the EAP program if there had been a documented decline in job performance. A supervisor no longer was to try and diagnose an alcoholic by looking for the outward signs of alcoholism. Rather, a supervisor was trained to document decreased performance and refer the problem employee to the EAP on this decreased performance.

EAP programs further gained their momentum when the Hughes Act-P.L. 91-616 was passed by Congress in 1970 (Dickman, Emener, & Hutchison, 1985). This law mandated the development and maintenance of alcohol programs in the United States for federal employees and funded demonstration programs for other employees and occupational consultants for each state. In 1971, the National Institute of Alcoholism and Alcohol Abuse or the NIAAA saw the workplace as a potentially effective early intervener (Dickman, Emener, & Hutchison, 1985). From the research that was conducted by the NIAAA, many grants were made to various state alcoholism

authorities to train and hire EAP specialists.

Today, a new concept is gaining momentum that may override the EAP program. The Employee Enhancement Program or the EEP deals with prevention strategies by placing emphasis on stress management, holistic health concepts, and other "addiction" problems such as smoking, overeating, overworking, etc.. It is thought that if these programs acted in the preventive manner in which they were designed, the use of the OAP's and the EAP's would be eliminated (Dickman, Emener, & Hutchison, 1985).

The NIAAA has charted the growth of OAP programs and EAP programs from four in 1940 to six programs by 1945; to 50 in 1950; 500 in 1973; 2,400 in 1977; and 4,400 in 1979-80 (Walsh, 1987). Today, there may be as many as 10,000 EAP programs with the majority of the programs being established since 1976 (State and Local Government Labor-Management, 1988).

Policies and Procedures

Recent surveys have reported that more than 75% of EAP programs include assurance of confidentiality, written policy, written procedures, and health insurance coverage for inpatient and outpatient treatment (Dickman, Emener, & Hutchison, 1985). This paper will only focus on written policy statements. This is because a good policy statement will include most of these other items.

A clear policy statement is an important feature of a successful EAP program. A policy statement informs both incumbent employees and applicants for employment of what they can expect with regard to the substance abuse standards to which they will be

held, the testing procedures which will be used to ascertain their compliance, and the consequences of their failure to meet the employer's requirements (Walsh & Yohay, 1987). According to Sonnenstuhl and Trice (1986) "Policy is the cornerstone of an effective EAP because it articulates the balance between the role of supervisors and others in the workplace (constructive confrontation) and the role of practitioners in the counseling component of the program" (p. 9).

A policy is the joint union/management agreement that provides guidelines on how the EAP should operate. As stated by Weagle and Skead (1984) an EAP policy should define the responsibilities of the management, union, joint committee, supervisor, shop steward, referral agents, and community resources. An effective policy should also define the referral procedures as being informal, formal or self. The role of the coordinator, confidentiality, and the types of problems that the EAP program covers should also be defined in the policy.

Dickman, Emener, & Hutchison (1985) defined an effective policy statement as one that makes the following clear:

- *To have problems is human, and the workplace is not immune.
- *The company prefers the interfering problem to be dealt with professionally as early as possible.
- *Problems brought to the EAP will be treated confidentially and will not become a part of an employee's personnel file.
- *Alcoholism and other drug abuse is a disease to be treated and not a behavior to be punished.

*The EAP exists to assist employees and their families and is not a substitute for usual disciplinary principles and policies.

*In no case will the employee be coerced to use the EAP.

(p.42)

When designing a policy, it is important to keep several principles in mind. These principles are as follows: that the EAP is a job-based strategy for helping employees solve their problems, that constructive confrontation is used to motivate employees to resolve their problems and to overcome denial, and that counseling is used to help solve problems when it is clear that they are beyond the employees' control (Sonnenstuhl & Trice, 1986).

Sonnenstuhl & Trice (1986) developed a sample EAP program policy. This policy is as follows:

Purpose

XYZ corporation cares about the well-being of its employees and recognizes that a variety of personal problems can disrupt their personal work lives. For instance, alcoholism is a treatable disease with devastating effects on one's personal health, family, and work. Drugs, family problems, and emotional distress can have similar effects. Most people solve their problems either on their own or with the advice of family and friends; however, sometimes people need professional advice. XYZ corporation, through its EAP, provides access to professional counseling services for its employees, and those in need of professional assistance are encouraged to use it. In those facilities where XYZ corporation has union contracts, the

company will conduct the EAP as a cooperative and joint venture with labor's elected representatives.

XYZ corporation recognizes that it has no right to interfere unless employees' personal problems adversely affect their job performance. When unsatisfactory performance does occur, supervisors will encourage employees to solve their problems on their own or with the assistance of the EAP services.

Policy

The EAP operates within the following framework:

1. A wide range of problems may affect employees' job performance adversely. These include alcohol and drug addiction, marital and family difficulties, and emotional distress. The EAP will assist employees to resolve these problems and others for which employees may seek help.
2. Employees' current jobs and future advancement will not be jeopardized by using EAP services.
3. As with all health and personnel documents, EAP records will be maintained in a confidential manner.
4. When necessary, sick leave may be granted for treatment and rehabilitation on the same basis as it is granted for other health problems.
5. Employees will be responsible for complying with the EAP service's recommendations and treatment plans.
6. The EAP service will also be available to employees' families.

Procedure

1. Employees who need professional advice are encouraged to use the EAP's counseling services, and those whose personal problems adversely affect their work are encouraged to seek help voluntarily from the EAP services.
2. Supervisors are responsible for confronting employees about their unsatisfactory performance and helping them to improve their work.
 - a. Supervisors bring employees' unsatisfactory work to their attention and encourage them to solve the problem on their own or with the help of the EAP counseling services. Supervisors also point out to the employees that continued unsatisfactory performance will lead to formal discipline.
 - b. If performance improves, no further action will be taken.
 - c. If job performance continues to be unsatisfactory, regardless of whether or not employees have accepted help, regular disciplinary procedure will be followed, up to and including discharge. At each step of the procedure, supervisors will encourage employees to seek help from the EAP counseling service. (p. 10)

This sample policy covers the basic principles that were previously mentioned as well as creating a balance between constructive confrontation and counseling in the program. Several

key ideas of Dickman, Emener, and Hutchison (1985) that were previously discussed could be found in this sample policy. These are as follows: the idea that all people have problems, confidentiality, the idea that the EAP is available for treatment of problems and is not to be used as disciplinary action, the idea that all family members may use the EAP program, and the idea that employees will not be coerced to use the EAP. The sample policy, however, neglected to define the responsibilities of the union, joint committee, management shop steward, referral agent, or community resources. According to Weagle and Skead as reported earlier, these are important components to effective EAP policies.

Neuner, as cited by Price (1987) outlined 10 areas that one must consider when designing a company policy with substance abuse in mind. These are as follows:

1. Consuming alcohol on company-owned or leased property, both during working and nonworking hours.
2. Bringing alcohol onto company property.
3. Using company-owned or leased vehicles, including not only a company truck or van but executives driving company cars (even evenings and weekends).
4. Using company funds or employee recreation funds from employee associations to purchase alcohol.
5. Sponsoring hospitality suites at a hotel in conjunction with a convention etc..
6. Using alcohol at business meetings both when entertaining clients or being entertained as a client.

7. Allowing reimbursement for alcohol as either meal or entertainment expense.
8. Spelling out the meaning of "on duty," a term often cited in policy statements.
9. Using a public facility for a company-sponsored event.
10. Consuming alcohol while "on call." (p. 62)

The sample policy that was previously given does not encompass the idea behind Neuner's 10 thoughts to policy making as cited by Price (1987). The question of alcohol being served at company sponsored events is gaining increased concern due to the liability involved. If a person is driving home from a company party in which alcohol was served and was involved in a fatal accident, then the company may be sued on terms of negligence. A company policy should encompass all areas of substance use and abuse within the company setting.

Banta and Tennant (1989) offered an example of the type of language an employer should use in the development of a policy in dealing with substance abuse. This example is as follows:

Employees are strictly prohibited from possessing or using alcohol or any illicit drug at any time on company property and during working hours. Employees who have traceable amounts of alcohol or illicit drugs in their systems when they report for work or during working time are in violation of this policy, regardless of when or where the substance entered the employee's system. Finally, dealing in illicit drugs, whether on or off company property and regardless of whether such

conduct occurs during or after working hours, is likewise prohibited. (p. 294)

As stated earlier, an effective policy should not only define in good language the exact terms of substance abuse in the workplace, but the policy should also define the procedure that will be used to refer employees to the EAP program. Three types of referrals can take place within the EAP program. A formal supervisory referral occurs when a supervisor who is not satisfied with an employee's job performance makes formal arrangements for that employee to receive counseling services by the EAP. Wright (1984) noted that formal referrals work especially well for those persons who deny that they have a problem. A second type of referral occurs when the supervisor suggests in an informal manner to the employee that the employee might need to take advantage of the services that are provided by the EAP program. The third type of referral occurs when the employee takes the initiative to seek the counseling services of an EAP program.

In looking at 1,340 clients who had used a certain EAP program, it was found that 4.7% of the clients were referred by supervisors, 9.6% were referred by informal supervisory referrals, and 85.7% were self-referred (Martin, Heckel, Goodrick, Schreiber, & Young, 1985). It was noted in this same study that the major problems associated with formal and informal supervisory referrals dealt with absenteeism, interpersonal relations, work quality, awareness of slipping, safety, and work quantity. Sixty percent of the informal referrals stated that there were no job performance

problems. Out of the people who were self-referred, it was noted that 78% of the people stated that there were no job performance problems. This study indicates that informal and self-referrals may succeed in getting substance abusers to treatment whose job performance has not yet been affected.

In cases in which the supervisor is called upon to make a referral to an employee, the role and training of the supervisor must be clearly defined. According to Scanlon (1986) there are five basic steps that a supervisor must follow when making a referral. These steps are listed as follows:

1. Recognition that a problem exists and that there is a pattern of deteriorating work performance. When presenting a problem to the employee, it is important to describe the performance problem as observed and not to diagnose or evaluate the personal problem causing the performance problem.
2. Documentation and keeping an up-to-date file of the employer's work performance are important. Without it, an otherwise effective confrontation can turn into a case of "your word against mine." Also, the employee may actually be unaware that job performance is affected. Having proof helps the employee to comprehend the problem as it actually is.
3. Action is the progressive formal disciplinary procedure consisting of informal verbal warnings, corrective interviews, work suspensions, and/or termination. Whatever the work organization does in terms of discipline, the important thing is to follow-through on established disciplinary procedures.

4. Referral is the action of getting the employee to the company EAP. This is done directly or through the organization's medical department. A brief description of the events and/or behavior leading to the referral should be documented and forwarded. The EAP counselor uses this as a tool in penetrating the employee's denial. A treatment plan is formulated by the counselor that might include continued counseling, referral to an outside agency, self-help groups, and/or rehabilitation in a live-in treatment program for up to eight weeks.

5. Reintegration is particularly important if the employee had been placed in a live-in rehabilitation program. Returning to work can be an anxiety-provoking experience and is a crucial phase of the employee's recovery. This can be minimized if both supervisor and employee know what to expect. (p. 32)

After the company policy has been addressed and the procedures for getting the problem employees to use the EAP program have been covered, it is important to discuss what occurs in the treatment process within the EAP program.

Treatment

The EAP counselor is involved in the process to ensure that the troubled employee receives the type of help that he or she needs. The EAP counselor may be a certified social worker, a credentialed alcoholism/drug abuse counselor, a psychologist, an M.A. in counseling, a psychiatrist, a nurse trained in counseling or a person

holding credentials in any combination of these disciplines (Scanlon, 1986).

According to a pamphlet that was designed by the State and Local Government Labor-Management (1988), the first step when an employee comes to an EAP program is to make an assessment of the employee's problem. This is done by the EAP counselor helping the troubled employee identify the nature and extent of the problem. According to this pamphlet, a referral is made after the assessment. The EAP counselor may make referrals to a variety of resources within the community, including hospitals, facilities specializing in substance abuse treatment, self-help groups (such as Alcoholics Anonymous), and financial and legal advisors. After making the referral, the EAP counselor follows up on the progress to ensure that proper care is being administered and that the employee is returning to the job in a fully productive manner.

Some EAP programs perform only assessment and referral services while others perform some treatment services. The size of the workforce, local community resources, availability of EAP vendors, possible costs and worksite facilities are all factors that affect the type and structure of EAP's that are implemented. With internal EAP programs or in-house services, the EAP staff is directly employed by the work organization and is located within the walls of the company. The activities that the staff provide range from simple diagnosis and referral to extensive psychotherapeutic treatment of employees. Treatment, however, is usually of a short-term nature. Outside resources are used for employees who need

more extensive help, such as residential treatment or long-term counseling. These types of programs are usually found in companies that have a large concentration of employees.

External EAP programs contract with profit and non-profit organizations to provide mental health services for troubled employees (Sonnenstuhl & Trice, 1986). With External EAP programs, the staff is located at an off-site facility. These outside agencies provide a variety of services that include diagnosis, short-term counseling referrals, program and organizational services, and employee education and training about the EAP program (Vicary, 1987).

Research by Beyer and Trice as reported by Scanlon (1986) indicated that a counselor in the EAP program needs to first help the employee to overcome his or her denial of the problem. The second step is for the EAP counselor to motivate the client to make a change in behavior. The third step is for the EAP counselor to get the employee to appropriate treatment. The fourth step is for the EAP counselor to facilitate re-entry for the employee back into the job setting. The fifth step is for the EAP counselor to provide social supports that will facilitate efforts by the employee to change his or her behavior. The last step of the EAP counselor is to monitor progress of the employee's change efforts and to establish a two-way feedback with the employee about the results of treatment.

According to Scanlon (1986), a counselor must know good techniques to use in order to penetrate client resistance and then to turn that resistance into motivation. He continued by recommending

that the EAP counselor be knowledgeable about different treatment resources and when to use these resources. He claimed that providing social supports and monitoring employee's progress are ongoing functions for the counselor. Scanlon further stated that long-term treatment skills are important if the EAP counselor is assuming the role of the primary therapist.

Evaluation and Effectiveness

There are many reasons for evaluating EAP programs. These include examining the effectiveness of a new program, comparing the program to some benchmark, making decisions, discovering unintended effects, achieving accreditation, providing a basis for program modification, and ensuring proper allocation of limited resources (Mathews & Martin, 1990). Mathews and Martin (1990) stated that EAP programs should be evaluated relatively soon after its implementation so that the information that is obtained can be used to fix any problem areas of the program. He also stated that enough time must pass before the evaluation so that meaningful and accurate information can be accumulated. Mathews suggested that new programs be evaluated no less than one year and no more than five years after implementation.

There are many barriers that block the way to successful evaluations of EAP programs. Kohn (1990) cited that the newness of the EAP field, the diversity of EAP models, and the difficulty in developing a standardized evaluation tool makes it difficult to assess the effectiveness of the EAP programs. A part of the problem with standardizing a tool comes into play when we return to the

basic idea about the purpose of the EAP program. The purpose, as was discussed earlier in this paper, is to help troubled employees whose work performance has dropped due to personal problems that they are facing. Evaluation becomes difficult because it is hard to measure improvements in performance levels. Sonnenstuhl and Trice (1986) report that evaluations often involve the number of sick days that are used, job retention, number of grievances, number of visits to the medical department, use of sickness and accident benefits, and other indexes that may or may not correspond to actual performance. It is noted that job performance is difficult to assess because there is a lack of agreement on how to define job performance.

Wrich (1982) stated that evaluation outcomes must be geared toward results that are measurable. He also stated that there are four major categories in which these outcomes can be placed. The four categories are an access to and utilization of the EAP program, assessment and referral resource effectiveness, treatment results, and changes in the severity or impact of the employee's problem in the workplace and in personal affairs. Wrich (1982) stated that in order to gain usable information in the evaluation process one must collect data about the demographics of the people using the EAP program, the route in which employees are gaining access to the EAP, the nature and severity of the problems that people present when they use the EAP, recommendations made by the assessment and referral source, and the employees' responses to the assessment and referral recommendations.

Mathews and Martin (1990) reported that there are three steps that are involved in the evaluation process. The first step consists of choosing a method for evaluation. He noted that the best method is to choose a variety of methods that incorporate multiple measures. The second step of the evaluation process is to collect the data. The last step of the process is to present the findings in a report that is brief, focused, and aimed at a specific audience.

Kohn (1990) compiled a report and study on the Madison city EAP program. The Madison EAP program, during its first year of operation, completed monthly and year-to-date utilization reports, user evaluations, and other facilitator and employee survey reports. A survey was designed to measure the awareness and knowledge about the EAP, the likelihood that an employee or family member would use the EAP, the experience with the program or the degree that it helped those who had used the program, the attitudes and/or perceptions about trust and confidentiality, the sense of ownership, the number of respondents who had a health care plan and their level of satisfaction with that plan, the employment status, whether or not each respondent had supervisory responsibilities, and whether there were differences between city departments in terms of responses.

Kohn found that out of the 78 surveys that were returned, 92% of the respondents knew that EAP programs deal with personal problems, 90% of the respondents knew that the EAP provides information, support, and referral and that the use of the EAP is voluntary, 82% of the respondents knew that contacts with the EAP

are confidential, 73% of the respondents realized that there is no charge for the use of the EAP, and 65% of the respondents knew that the individual chooses whom to see. Kohn concluded that more information on the fact that there is no charge for the EAP and that the individual chooses whom to see needs to be given to the population that utilizes the Madison EAP. Through Kohn's study it was also confirmed that the majority of the people found out about the EAP through a letter or a memo.

Farkas and Hirshberg (1990) conducted a study on an EAP program in a Fortune 500 company. He found that 75% of the respondents had been referred by a company agent. It was concluded that the low rate of self-referrals was due to the lack of employee knowledge about the existence of the EAP program. Forty-one percent of the respondents expressed dissatisfaction with the facility in which the EAP was housed. These people indicated a fear in the amount of privacy that was available. Approximately one-half of the EAP clients sought help for psychological problems, one-third of the people for substance abuse, and one-sixth for work-related difficulties. Most clients had been referred to outside resources for treatment. The substance abuse intervention consisted of behavioral contracts between the client and the EAP to maintain abstinence, coupled with attendance at meetings of Alcoholics Anonymous and/or Narcotics Anonymous, a referral to a structured outpatient treatment program with continuing support from the EAP, or a referral to an inpatient treatment program. The respondents rated the substance abuse intervention as the most effective, and the

work-related intervention as the least effective. Clients with substance abuse problems reported a complete resolution of their difficulties in 100% of the cases. Approximately 50% of these clients reported significant improvement or a complete resolution of their psychological problems.

Wrich (1988) compiled some information that showed the effectiveness of EAP programs while he was director of the EAP at United Airlines. His findings are as follows:

1. Absenteeism among program participants, measured from one year before entering the program to one year after, went down 74% in Chicago and 80% in San Fransisco, to cite two cities.
2. Recovery rates the first time through the program were 74% for ground employees, 82% for flight attendants, and 92% for pilots and copilots.
3. Recovery rates for those who relapsed and reentered the program were about 40%.
4. The benefit-to-cost ratio, based on reduction in sick leave and including the cost of program operations, treatment, and time off work while receiving treatment, was 7 to 1 projected over five years and nearly 17 to 1 when projected over the expected career of participants.
5. Job performance improvement, rated by supervisors on an 11-point scale ranging from -5 to +5, was 3.5 points on an average. (p. 61)

Wrich (1988) also reported that other companies have had similar results. It was noted that the Kimberly-Clark company documented a 43% reduction in absenteeism and a 70% reduction in accidents among a sample of employees who had participated in its EAP program. He reported that of the 60,000 employees who had taken part in the General Motors EAP program that 60% to 70% were still abstaining from alcohol or drugs one year later. The Phillips Petroleum reported that its EAP had netted more than \$8 million a year in reduced accidents and sick leave, and in higher productivity. An AT&T study in 1982 showed declines of 78% in overall absenteeism, 87% in absence due to disability, 81% in on-the-job accidents, and 58% in off-the-job accidents.

Overall, one can see the importance of evaluating EAP programs. As stated previously, evaluations help in deciding what changes need to be incorporated into the existing EAP program and they help determine the cost effectiveness of the EAP programs. In reference to the actual cost effectiveness of incorporating EAP programs, the Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA) indicated that for every dollar that is spent on an EAP there is a \$3 to \$5 return (State and Local Government Labor-Management, 1988). Other groups indicated that the return may be as high as \$18 for every dollar spent.

CHAPTER III

Discussion, Conclusions, and Recommendations

Summary

Employee Assistance Programs are job-based programs that operate within the workplace for the purpose of identifying "troubled employees," motivating them to resolve their troubles, and providing them access to counseling or treatment. Companies have found that it is much more cost effective to counsel problem employees in an effort to make them more productive than it is to fire these problem employees and retrain new people. It is for this reason that companies have begun incorporating the use of EAP programs within their corporations.

Chapter One discussed the evolution of EAP programs. EAP programs grew out of the concept of Occupational Alcoholism Programs or OAP's. OAP programs began in the 1940's for the purpose of dealing with alcoholism in the workplace. Many substance abusers, however, were not identified by the OAP programs because referral was made on the basis of outward appearances. Supervisors would refer an employee if that employee had blood shot eyes, alcohol on the breath, or any other outward signs of substance use. Many alcoholics were not identified by these means. People also did not make full use of these programs due to the stigma of being labeled an alcoholic. People, fearing the idea of being labeled an alcoholic, would not seek the help of the OAP program on a voluntary basis. The "broad brush" approach developed for this reason. This approach emphasizes that employees can have

a broad range of problems in which they may need assistance in coping. Thus, EAP programs developed in order to deal with a wide scope of employee problems. These problems range in focus from substance abuse, eating disorders, financial difficulties, gambling habits, and a broad array of mental health problems.

Chapter One also identified the statement of the problem as one that examines how EAP's deal with the various problems that affect the performance of employees in the workplace. It was noted that special attention would be given to substance abuse. The purpose of the study was identified as being one to examine information that looks at the effectiveness of EAP programs and to examine how companies determine this success. The research questions to be answered within this paper were stated in Chapter One and are as follows:

1. Why is it important to treat personal problems of employees within the workplace and why is treating substance abuse such an important factor?
2. What are Employee Assistance Programs?
3. What are some of the current policies that companies are incorporating to get employees to use the EAP programs?
4. What kinds of treatment plans are EAP's using in the treatment of personal problems within the EAP programs?
5. How effective are EAP's in dealing with employee problems in the workplace?

Chapter One also included the delimitations of the study. It was noted that the effectiveness of EAP programs is stated in

general terms due to the fact that very little research has been conducted in the area of EAP effectiveness as it correlates to substance abuse. It was further noted that statistics on specific corporations would be given to aide in the determination of EAP effectiveness. Chapter One concluded by noting the procedure that the researcher used in obtaining information for the study as well as how the researcher organized the study into three different chapters.

Chapter Two included a review of the literature that was collected from many different sources. Chapter Two was subcategorized into five areas. The first area dealt with the cost and prevalence of substance abuse within the workplace. The second area summarized the history and evolution of the present day EAP program. The third area reviewed the policies and procedures that various companies may implement when designing EAP programs. The fourth area of the chapter noted the treatment strategies that EAP companies implement. The last section of the chapter dealt with how EAP programs are evaluated and how these evaluations relate to the success of EAP programs.

Discussion

Chapter Three will deal with a discussion that will answer the research questions. Each research question will act as a subheading under the main heading of the discussion section. Chapter Three will present the limitations, conclusions, and recommendations. The answers to the research questions are as follows:

Why is it important to treat personal problems of employees within the workplace and why is treating substance abuse such an important factor? The literature contained many statistics that pertained to the prevalence of substance abuse in the workplace and the cost of this problem to corporations. Mental health specialists estimate that 12 to 15% of all employees suffer from personal problems that directly affect their abilities in relation to their job performance. At least half of these problems are attributed to substance abuse. In a study that was conducted by the American Management Association, it was found that 1 in 10 blue and white collar workers use illegal drugs in the workplace. In another study conducted by the Cocaine National Help Line in New Jersey, it was found that 75% of the 277 drug users that were used in the study admitted to using illegal drugs on the job; 64% of the respondents reported that the drugs interfered with their work performance; 44% stated that they sold drugs to other employees; 18% admitted to having had a drug related accident; and 18% admitted that they had stolen from their employer to support their drug habits. These findings suggest that many employees in the workplace do indeed have problems that are drug related.

A government study sponsored by the Research Triangle Institute reported that the cost to the economy for drug abuse is nearly \$26 billion annually. More than \$16 billion of this cost is attributive to lost productivity, absenteeism, medical expenses, disability claims, and theft-corporate expenses that are ultimately passed on to the consumer through taxes and higher prices. This

finding not only suggests that the corporation suffers from the substance abusers within the workplace, but the consumer suffers as well. Wrich (1986) reported that substance abusers have absenteeism rates that are 2 1/2 times greater than their nonaddicted counterparts, they are away from their jobs 16 times more often, they consume 3 times the amount of the medical benefits, they are 5 times more likely to file worker's compensation forms, and they are 7 times more likely to be subject to the garnishment process. The research findings all suggest that the overall cost to corporations due to substance abuse is phenomenal. It is for these findings that corporations began implementing Employee Assistance Programs in order to treat problem employees for personal problems. These personal problems, as it was discovered, usually stem from substance abuse.

What are Employee Assistance Programs? Employee Assistance Programs or EAP's first had their roots in Occupational Alcoholism Programs or OAP's. OAP's were designed in the 1940's to treat alcoholism in the workplace. Supervisors were trained to look for bloodshot eyes, slurred speech, and the smell of alcohol on the breath when referring problem employees to the OAP program.

In 1965 a study by the National Council on Alcoholism indicated that programs should focus on job performance rather than on alcoholism symptoms for the purpose of early identification of alcohol abuse. This study paved the way for EAP programs. Supervisors were now trained to refer a problem employee to the EAP program if there had been a documented decline in job

performance. This allowed for a greater number of employees to be referred for assistance with their problems. The scope of problems also broadened at this time to include a wide range of behavioral and emotional problems. The Hughes Act, passed in 1970, further paved the way for EAP programs. This law mandated the development and maintenance of alcohol programs in the United States for federal employees and funded demonstration programs for other employees and occupational consultants for each state.

The growth of EAP programs is proof that corporations are becoming increasingly aware of their benefits. The NIAAA charted the growth of OAP's and EAP's from four in 1940 to six programs by 1945; to 50 in 1950; 500 in 1973; 2,400 in 1977; and 4,400 in 1979-80. Today, there may be as many as 10,000 EAP programs in the United States. The findings suggest that EAP programs are growing in popularity at an alarming rate. Further findings suggest that EAP programs may be replaced by Employee Enhancement Programs or EEP's. These programs deal with prevention strategies by placing emphasis on stress management, holistic health concepts, and other "addiction" problems such as smoking, overeating, overworking, etc.

What are some of the current policies and procedures that companies are incorporating to get employees to use the EAP programs? A review of the literature indicated that companies vary greatly in their use of policies. Walsh and Yohay (1987) stated that a clear policy statement informs both the incumbent employees and applicants for employment of what they can expect with regard to

the substance abuse standards to which they will be held, the testing procedures which will be used to ascertain their compliance, and the consequences of their failure to meet the employer's requirements. Weagle and Skead (1984) stated that an EAP policy should define the responsibilities of the management, union, joint committee, supervisor, shop steward, referral agents, and community resources. Dickman, Emener, & Hutchison (1985) defined an effective policy statement as one that makes it clear that it is all right to have problems, that the company prefers the problem to be taken care of in a professional manner as early as possible, that problems that are brought to the EAP are treated in a confidential manner, that alcoholism and other drug abuses are diseases to be treated and not a behavior to be punished, that the EAP exists to assist employees and their families and that it is not to be used for disciplinary measures, and that employees are not to be coerced into using the EAP. Neuner, as cited by Price (1987) outlined 10 areas that one must consider when dealing with substance abuse in the workplace. These areas deal with the consumption or bringing of alcohol on to company property, using company vehicles, public facilities, or funds in correlation with alcohol, sponsoring events at hotels or entertaining with alcohol, and spelling out the meaning of "on call" or "on duty" with connection with alcohol consumption.

After viewing what several authors of the literature felt were important factors of EAP programs, the researcher of this study looked intensely at a policy statement that was developed by Sonnenstuhl and Trice (1986). This study was divided into three

parts: the purpose, the policy, and the procedure. The purpose of the policy stated that the company cared for the well-being of the employees, that alcoholism is a treatable disease, that professional advice often helps people deal with their problems, and that the company has no right to interfere unless employees' personal problems are adversely affecting their job performance.

The actual policy defined what the effects of using the EAP program would mean to the employee. This policy stated that employees have a wide range of problems, that current jobs and future advancement will not be jeopardized by using EAP services, that all health and personal documents will be maintained in a confidential manner, that sick leave may be granted for treatment, that employees are responsible for complying with the EAP service's recommendations and treatment plans, and that the EAP service will also be available to the families of employees.

The procedure of the policy statement outlines the supervisor's responsibility in the referral process. This procedure first states that employees who need professional advice are encouraged to seek help on a voluntary basis. The procedure continues by specifically detailing the supervisor's responsibility in the referral process.

One can see that the policy that was designed by Sonnenstuhl and Trice (1986) follows many of the concepts that other authors in the literature search stated as being important for policy statements. The policy defines the role of the supervisor which Weagle and Skead (1984) state is an important key to any policy.

Weagle and Skead, however, feel that the role of the management, union, joint, committee, shop steward, and community resources should also be defined within the policy. Sonnenstuhl & Trice fail to define these additional roles.

Many of the concepts that appear in Sonnenstuhl and Trice's (1986) also appear in the concepts of Dickman, Emener, and Hutchison (1985). Both of these policy concepts deal with that ideas that to have personal problems is human, that people can solve their problems through the help of professionals, that there is confidentiality within the EAP, and that EAP programs can be used by all family members.

The ideas of Neuner, as cited by Price (1987) did not appear at all in Sonnenstuhl and Trice's policy statement. In order to improve this statement, it would be wise for a corporation to implement the ideas of Neuner into the policy. Neuner's ideas are important because they deal with the aspects of alcohol that many companies neglect. Many companies do not realize the trouble that they can encounter when serving alcohol at company parties. If a person drinks at a company party and then wrecks on the way home, the person can sue the company for negligence. With Neuner's ideas being incorporated into a policy, the use of alcohol and drugs is clearly defined. Banta and Tennant (1989) offered a sample of the language that should be used in the development of a policy that deals with substance abuse.

One can see after reviewing the literature that a nice combination of different concepts would make a nice company

policy. An ideal policy would contain the base policy that was designed by Sonnenstuhl and Trice. A larger mix of Weagle and Skead's ideas need to be incorporated into the ideal policy. They believe that all roles in a business need to be defined within the scope of the policy statement. Finally, Neuner's ideas need to be intermixed into the base policy. Neuner has many key concepts about alcohol use and abuse that need to be included in the policy.

Referrals are the method in which the problem employee actually stumbles upon the treatment that the EAP offers. It was noted in a study by Martin et al. (1985) that out of 1,340 clients, 4.7% of the clients were referred by supervisors, 9.6% were referred by informal supervisory referrals, and 85.7% were self-referred. This study indicated that companies should provide a lot of information to their employees about the EAP programs. Since the greatest amount of employees were self-referred, the employees have a need to be informed about the EAP programs. The lack of supervisory referrals may be due to the lack of training. Supervisors are not being trained on how to effectively confront problem employees about their decline in productivity. If more training is given to supervisor's, more supervisory referrals may be done.

What kinds of treatment plans are EAP's using in the treatment of personal problems within the EAP programs? A review of the literature indicated that many EAP programs perform only assessment and referral services, while others perform some treatment services. It was noted that internal EAP programs employ

staff that are located within the walls of the company and that external EAP programs employ staff that are located outside of the walls of the company. Treatment is usually done on a short-term basis in the EAP programs. The main function of the EAP programs is to refer people to outside agencies that can perform extensive treatment.

Beyer and Trice as reported by Scanlon (1986) reported that a counselor in the EAP program needs to first help employees overcome their denial of the problem, then the counselor needs to motivate the clients to make changes in behavior, and additionally the EAP counselor needs to get the employees to appropriate treatment. The last step of the EAP counselor is to facilitate re-entry for the employees back into the job-setting.

The findings suggest that the major function of EAP counselors is to diagnose and make referrals based on the diagnosis. The major counseling of the employee is done by outside agencies.

How effective are EAP's in dealing with employee problems within the workplace? The literature suggests many reasons for evaluating the effectiveness of EAP programs. These included examining the effectiveness of new programs, comparing the program to some benchmark, making decisions, discovering unintended effects, achieving accreditation, providing a basis for program modification, and ensuring proper allocation of limited resources.

The problem with evaluation, however, comes into play when one notes the barriers that are involved. Kohn (1988) cited that the

newness of EAP field, the diversity of EAP models, and difficulty in developing a standardized evaluation tool all play a part in the problems of evaluation. It was also noted that levels of performance are hard to measure when dealing with evaluation. Mathews and Martin (1990) stated that a wide variety of methods that use multiple measures is preferable.

Wrich (1988) compiled information that showed the effectiveness of an EAP program while he was the director of the EAP at United Airlines. Wrich found that absenteeism rates decreased, that recovery rates for those who were first time users of the program were significant, that recovery rates for those who reentered the program after relapsing were increased, and that job performance improved as rated by supervisors. Wrich also reported the effectiveness of other EAP programs. It was noted that the Kimberly-Clark company documented a 43% reduction in absenteeism and a 70% reduction in accidents among the sample of employees who had participated in its EAP program. Wrich reported that of the 60,000 employees who had taken part in the General Motors EAP program that 60 to 70% were still abstaining from alcohol or drugs one year later. The Phillips Petroleum reported that its EAP had netted more than \$8 million a year in reduced accident rates and sick leave, and in higher productivity. An AT&T study showed declines of 78% in overall absenteeism, 87% in absence due to disability, 81% in on-the-job accidents, and 58% in off-the-job accidents. ALMACA indicated that for every dollar spent on EAP there is a \$3 to \$5 return. Other groups indicate that the return may

be as high as \$18 for every dollar spent.

While the literature indicates that there are certain difficulties in the evaluation process, many of the companies are reporting positive gains from the implementation of EAP programs. The use of EAP programs contain a high face validity.

Limitations

This study could have been broadened if the researcher used resources from other libraries than just Alden library at Ohio University. Alden Library contained a limited scope of research articles on the topic of EAP programs. The researcher could also have concentrated on more specific companies. Interviews could have been conducted with specific corporations in order to determine what sort of policies these corporations implement as well as the effectiveness of these programs. By interviewing specific corporations, the researcher could have also determined how the corporations determine the effectiveness of the EAP programs.

Conclusions

The conclusions are as follows:

1. This study noted that 7 to 8% of the working force in the United States abuse alcohol and that 12 to 15% of all employees suffer from personal problems that directly affect their abilities in relation to their job performance. With the high prevalence of substance abuse, comes a high cost to the company due to higher absenteeism, accident rates and lost productivity. Due to these high costs, companies

began incorporating Employee Assistance Programs.

2. Employee Assistance Program's or EAP's are defined as job-based programs that operate within the workplace for the purpose of identifying "troubled employees," motivating them to resolve their problems, and providing access to counseling or treatment for those employees who need these services.

These problems range in focus from substance abuse, eating disorders, financial difficulties, gambling habits, to a broad array of mental health difficulties.

3. It was found that companies vary in their use of policy in terms of substance abuse and use. It was discussed that by using Sonnenstuhl and Trice's policy as a base and adding other important concepts to it would make a good company policy.

More of Weagle and Skead's concepts, as well as more of Neuner's concepts need to be added to the original base policy in order to design an ideal company policy that deals with substance abuse.

4. It was noted that the main functions of EAP programs are to diagnose and refer clients to outside agencies that can provide more extensive treatment. The main goals of an EAP counselor is to first help employees to overcome their denial of the problem, then the counselor needs to motivate the clients to make changes in behavior, and finally the counselor needs to get the employee s to appropriate treatment.

5. It was found that the successfulness of EAP programs is hard to determine because companies do not have a

standardized method for evaluating performance levels.

Reports of evaluation are often determined by the number of sick days that are used, absenteeism, number of grievances that are filed, number of visits to the medical department, use of sickness and accident benefits, and other indexes that may or may not correspond to actual performance.

Recommendations

One of the first recommendations that this study raises is the idea that more companies need to become aware of the effectiveness of EAP programs. Many companies have not incorporated EAP's into use because they do not realize the actual problems that substance abuse creates in the workplace, nor do they realize the cost benefits of incorporating EAP programs to treat the substance abuse problems. In order to get companies to realize these things, one must provide the companies with pamphlets and brochures that define EAP programs and explain the cost effectiveness of EAP programs.

Another recommendation that can be identified from this study is to implement more preventative strategies. This can be accomplished in two ways. First, companies can provide information to it's employees about the harm and effects of substance abuse. This information may first be presented to employees in the policy statement and then supplemental information may be distributed throughout an employment period. Secondly, the company may implement an EEP program which has a primary focus on prevention strategies.

Referrals may also be changed within the EAP programs. It was mentioned that supervisory referrals are not as common as self-referrals. This suggests that supervisors are not trained in the areas of referring the troubled employee. Supervisors need to be trained on how to constructively confront these problem employees.

This study also noted that one of the biggest problems that EAP programs face is knowing how to evaluate the effectiveness of the EAP programs. More research needs to be conducted on developing a standardized tool to determine the effectiveness of EAP programs. It appears that EAP programs are developing their own means of evaluations. When companies do this, they may bias their findings.

The purpose of this study was to examine information that looks at the effectiveness of EAP programs and to examine how companies determine this success. Through looking at effective policies that have been adopted, one can implement the findings into developing an effective EAP program. It is believed that effective program policies on substance abuse will lead to effective outcomes within the EAP program. It is for this reason that special care needs to be taken when designing company policies.

Finally, in order to measure success of the EAP programs, it is necessary to define performance. Many evaluation techniques are based on looking at absenteeism rates, use of grievances, use of sickness and accident benefits, number of visits to the medical department, and other indexes that may or may not correspond to

performance. EAP programs need to incorporate a more concrete definition of performance for the purpose of evaluation.

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